

**DPS****Montgomery County
Department of Permitting Services**

2425 Reedie Drive, 7th floor
Wheaton, MD 20902
240-777-0311 or 311 in Montgomery County
montgomerycountymd.gov/dps

**Application for Use and Occupancy/Capacity Certificate**

Certificate AP# _____

Building AP# _____

A. Type of Application**Type:**

- ☐ Use and Occupancy
☐ Open Land Use
☐ Home Health Practitioner
☐ Home Child Care Provider < 12 Children
☐ Shell and Core
☐ Change of Use
☐ Capacity Certificate
 # of Rooms/Capacity _____
☐ Other _____

Principle Use: (Check one)

- ☐ Assembly ☐ Boarding House ☐ Business*
☐ Educational ☐ Hotel ☐ Industrial
☐ Mercantile ☐ Misc. Structure ☐ Motel
☐ Place of Worship ☐ Public Utility ☐ Restaurant
☐ Storage ☐ Townhouse ☐ Construction Trailer
☐ Multi-Family -OR- ☐ Multi-Family Senior Building: # of Units _____

☐ Other _____

*If Business, please specify use: _____

B. Location of Building Premise

Street Number: _____ Street: _____
 Town/City: _____ Zip: _____
 Lot: _____ Block: _____ Parcel: _____
 Floor: _____ Suite: _____ Unit/Bay/Store#: _____

C. Owner's Information

Property Owner's Name: _____ Email: _____

Address _____ City _____ State _____ Zip Code _____
 Owner's Representative: _____ Telephone No.: _____ Fax No.: _____

D. Tenant's Information

Tenant's Company Name: _____ Email: _____

Tenant's Name: _____ Telephone No.: _____ Fax No.: _____

(Person connected with Trade Company)

Mailing Address: _____
 (For Lessee, if other than premise address) Address _____ City _____ State _____ Zip Code _____

E. Description of Occupancy**HAZARDOUS MATERIALS?** ☐ YES ☐ NO

Existing Use: _____ Proposed Use: _____

Square Footage to be Occupied: _____ Number of Employees: _____ Number of Company Vehicles: _____

The PRIMARY use will be: _____ which is: _____ % of the space.

The SECONDARY use will be: _____ which is: _____ % of the space.

Is this space ready for inspection now? ☐ YES ☐ NO, I WILL CALL WHEN READY

Person to contact to gain entry to space _____

Daytime Phone No _____

Applicant's Signature _____

Print Name _____

Date _____

For Office Use Only**Building & Use Information**

Floor No (s): _____
 Max. Live Load: _____
 Construction Type: _____
 IBC Use Group: _____
 Occupancy Load: _____
 Code/Edition: _____
 Conditions: _____
 Fully Sprinkled & Monitored: _____

ZONING USE ONLY

Zoning Use Category: _____
 Zoning Type: _____ Zoning Sheet: _____
 Parking Required: _____ Parking Provided: _____
 Special Exception Case Number: _____
 Secondary Use: _____ @ _____ %
 [] Approved [] Disapproved
 Reason for Disapproval: _____